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February 24, 2003
Date

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF

Examiner: Winkler, Ulrike

LUO ET AL.

Art Unit: 1648

APPLICATION NO: 09/734,836

Confirmation No. 4435

FILED: DECEMBER 12, 2000

Atty. Docket No. 4-30922A/SYS

FOR: BOVINE IMMUNODEFICIENCY VIRUS (BIV) BASED VECTORS

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TRANSMITTAL LETTER

Sir:

Enclosed please find the following:

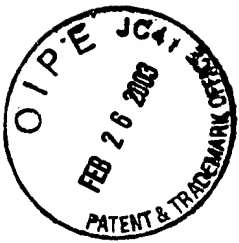
- a. Request for Corrected Filing Receipt;
- b. Response to Restriction/Election Requirement and Preliminary Amendment, with Exhibits A-D attached; and
- c. Return postcard.

Respectfully submitted,

J. Timothy Meigs
Attorney for Applicants
Reg. No. 38,241
Phone No. (301) 258-4715

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Date: February 24, 2003



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REQUEST FOR CORRECTED FILING RECEIPT

U.S. Patent & Trademark Office
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Arlington, Virginia 22202

Sir:

Applicant respectfully requests that a corrected Filing Receipt be issued in the above application. Specifically, the Domestic Priority data as claimed by Applicant should be updated to read as follows:

THIS APPLN CLAIMS BENEFIT OF 60/266,318 12/14/1999
AND CLAIMS BENEFIT OF 60/249,492 11/17/2000

Separately filed herewith is an amendment updating the priority information on the first page of the specification, along with remarks explaining the update.

Respectfully submitted,

J. Timothy Meigs

J. Timothy Meigs
Attorney for Applicant
Registration No. 38,241

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Date: February 24, 2003



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Bib Data Sheet

CONFIRMATION NO. 4435

SERIAL NUMBER 09/734,836	FILING DATE 12/12/2000 RULE	CLASS 435	GROUP ART UNIT 1648	ATTORNEY DOCKET NO. 4-30922A/SYS
APPLICANTS Tianci Luo, Clarksville, MD; Robert David Berkowitz, San Francisco, CA; Michael Kaleko, Rockville, MD;				
** CONTINUING DATA ***** This appln claims benefit of 60/266,318 12/14/1999 ABN and claims benefit of 60/249,492 11/17/2000				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 03/08/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <input type="checkbox"/> Allowance		STATE OR COUNTRY MD	SHEETS DRAWING 5	TOTAL CLAIMS 80
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>hw</i>		INDEPENDENT CLAIMS 12		
ADDRESS 001095				
TITLE Bovine immunodeficiency virus (BIV) based vectors				
FILING FEE RECEIVED 2640	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

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